

# Foster Care Discharge Checklist

Youth Name: \_\_\_\_\_ Youth DOB: \_\_\_\_\_

This checklist serves as a working document for Child and Family Teams to assist in ensuring youth have what they need and know their options prior to discharge from foster care. All requirements from the Fostering Connections Act are noted on this discharge checklist. Transition planning is required no greater than 90 days prior to a youth's 18<sup>th</sup> birthday. This document will serve as verification at the Child & Family Team meetings that discharge planning is occurring as required. Youth will be encouraged to be in attendance at all meetings where their emancipation is discussed. A completion date must be listed for each item and an explanation given if N/A is recorded for all items with \*\*\*.

<b>DATE COMPLETED</b>	
	A discharge meeting (Child & Family Team meeting) was held within 6 months of the discharge date, including the youth and all relevant team members.
	*** During the 90-day period immediately prior to the date on which the child will attain 18 years of age, a caseworker and, as appropriate, other representatives of the youth provide the youth with assistance and support in developing a written transition plan that is personalized at the direction of the youth, including achievement of the mandatory items in this Discharge Checklist.
	A discharge meeting was held a minimum of 6 months before the discharge date, consisting of the Children & Family Team and the youth. The youth was allowed to invite individuals they felt would be helpful in their transition. List those invited here:
	Youth qualifies for and has been referred to the Chafee Independent Living Program. He/she is aware these services and resources are available until their 21 <sup>st</sup> birthday. Chafee Independent Living Program: (701) -
	Youth was given the brochure "ND18+ Continued Foster Care" (DN 1174) informing him/her of the option to remain in foster care after reaching age 18 if he/she meets the eligibility for education, employment, preparatory employment, or medical condition/disability. 18+ Continued Care includes the option to return to foster care within six months of discharge if applicable. The youth is aware that if he/she chooses to exit foster care, than later wants to return, they must contact their most recent case manager.
<b>GENERAL NEEDS</b>	<b>THE FOLLOWING ITEMS PERTAIN TO GENERAL INDEPENDENT LIVING NEEDS OF ALL YOUTH TRANSITIONING TO INDEPENDENCE FROM THE FOSTER CARE SYSTEM:</b>
	Youth has been given a FYI 3 binder available from the Chafee Independent Living Coordinator. ***
	The youth has been provided with a certified copy of their birth certificate. The youth has been informed, that if they lose their birth certificate, they can obtain another certified copy by going to the following website: <a href="http://www.ndhealth.gov/vital/birth.htm">http://www.ndhealth.gov/vital/birth.htm</a>
	The youth has been provided with an original Social Security card. The youth has been informed that if they lose their Social Security card, they can replace it by taking photo identification to their Social Security office.
	The youth has a current state issued photo identification card. The youth has been informed that if they lose their ID they take their certified birth certificate to the Driver's license office (701) - . And if they need a new one because their address changed they go to the same office but just take their current photo ID along.

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	The youth has been given the study manual and been instructed in how to get their driver's license. The youth can call (701) _____ - _____ for further instructions. If a youth does not have their driver's license they have been shown where the main bus depot is and have been informed about how to get a bus pass. The youth has been informed that their Chafee Independent Living Coordinator or Job Service may be able to purchase a bus pass for them.
	*** The youth has identified at least 5 adults they can contact if they are in need of support once they exit the foster care system (these are individual's not paid to be available to them i.e. <u>not</u> a Chafee IL Coordinator, Case Manager, etc): 1) 2) 3) 4) 5)
	*** Youth has been made aware of the importance of the role friends, family and significant others can have, as supports and mentors, in their life as they transition to independence.
	Youth has been made aware of how to register for Selective Services. <a href="http://www.sss.gov/">http://www.sss.gov/</a> Forms are also available from the Post Office
	Youth has a copy of their final court order or a letter from the County to verify they exited from the Foster Care System. (This order/letter may be helpful in applying for school scholarships, etc).
	The youth has a savings account with their name on it a minimum of 6 months before they exit Foster Care and are saving money due to employment.
	Youth has been given contact information for family members if they request it.
	The youth has been given any pictures or family mementos the case worker has.
<b>EDUCATION</b>	<b>THE FOLLOWING ITEMS PERTAIN TO THE EDUCATIONAL NEEDS OF A YOUTH TRANSITIONING TO INDEPENDENCE FROM THE FOSTER CARE SYSTEM:</b>
	*** Youth obtained their High School diploma or GED or was made available of resources to assist them in completing them. Adult Learning Center: (701) _____ - _____ Job Service: (701) _____ - _____ Vocational Rehabilitation: (701) _____ - _____
	Youth has been given a copy of their High School or GED transcript. Youth has been given the information of how to obtain additional copies if needed. GED: <a href="http://www.dpi.state.nd.us/adulted/ged/transcri.shtm">http://www.dpi.state.nd.us/adulted/ged/transcri.shtm</a> High School: Contact the High School they graduated from
	If applicable, youth has been provided a copy of their final Individual Education Plan (IEP).
	Youth has been notified if they qualify for the Educational Training Voucher (ETV) to assist with paying for college expenses. See Chafee policy requirements 624-10. Youth has been made aware that if they are eligible they may apply anytime until their 21 <sup>st</sup> birthday. Chafee Independent Living Coordinator (701) _____ - _____

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<b>EMPLOYMENT</b>	<b>THE FOLLOWING ITEMS PERTAIN TO THE EMPLOYMENT NEEDS OF A YOUTH TRANSITIONING TO INDEPENDENCE FROM THE FOSTER CARE SYSTEM:</b>
	<p>*** The youth has been registered with Job Service and knows how to search for employment.</p> <p>Job Service: (701) _____ - _____</p> <p>Youth Log In ID: _____ Youth Log In Password: _____</p>
	<p>Youth is currently employed. Part time / Full time</p> <p>Where: _____</p>
	<p>Youth has a resume that includes contact information from previous employment.</p>
<b>HEALTH</b>	<b>THE FOLLOWING ITEMS PERTAIN TO HEALTH RELATED INFORMATION IMPORTANT TO THE YOUTH'S SUCCESSFUL TRANSITION:</b>
	<p>*** Mental Health Services (list names and contact information for any mental health professionals the youth is working with):</p> <p>Regional Human Service Center: (701) _____ - _____</p>
	<p>*** Substance Abuse services (list names and contact information for any substance abuse professionals the youth is working with):</p> <p>Alcoholics Anonymous: <a href="http://www.aanorthdakota.org/">http://www.aanorthdakota.org/</a></p> <p>Narcotics Anonymous: <a href="http://www.umnna.com/">http://www.umnna.com/</a></p> <p>Regional Human Service Center: (701) _____ - _____</p>
	<p>*** Developmental Disabilities services (list names and contact information for developmental disabilities professionals the youth is working with):</p> <p>Vocational Rehabilitation: (701) _____ - _____</p>
	<p>*** The youth has been provided with the application packet for Medical Assistance and offered assistance with completing the application.</p> <p>County Social Services: (701) _____ - _____ to find out about eligibility requirements and documents needed for verification.</p>
	<p>*** If applicable, the youth has been provided with the application packet to reapply for SSI through the Social Security Administration. Most youth had their SSI benefits waived while in foster care. Contact Social Security Administration: (701) _____ - _____ to find out about eligibility requirements, documents needed for verification, and the reapplication process.</p>
	<p>The youth has been provided information about contraception and family planning.</p> <p>Public Health: (701) _____ - _____</p>
	<p>Youth has been given a copy of their immunization record. Youth has been made aware of how to get a replacement copy if needed:</p> <p>Public Health: (701) _____ - _____</p>
	<p>Youth has been given the date of their last medical exam/ physical.</p> <p>Clinic Name : _____ Clinic Phone: (701) _____ - _____</p> <p>Dr Name: _____ Last Exam: _____</p>
	<p>Youth has been given the date of their last eye exam.</p> <p>Clinic Name : _____ Clinic Phone: (701) _____ - _____</p> <p>Dr Name: _____ Last Exam: _____</p>
	<p>Youth has been given the date of their last dental cleaning.</p> <p>Dental Office: _____ Office Phone: (701) _____ - _____</p> <p>Dr Name: _____ Last Exam: _____</p>
	<p>Youth has been given the names and dosages of any medications they are taking at the</p>

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	time of discharge. Medication Name: _____ Why It Is Taken: _____ When To Take It: _____ Medication Name: _____ Why It Is Taken: _____ When To Take It: _____
	Youth has been given education identifying the importance of designating another individual to make health care treatment decisions on behalf of the adolescent if the adolescent becomes unable to participate in such decisions and/or they do not have or does not want a relative who would otherwise authorize under State law to make such decisions. Health Care Directive Form: <a href="http://www.nd.gov/dhs/info/docs/hcdirective.pdf">www.nd.gov/dhs/info/docs/hcdirective.pdf</a>
<b>HOUSING</b>	<b>THE FOLLOWING ITEMS PERTAIN TO HOUSING RELATED INFORMATION IMPORTANT TO THE YOUTH'S SUCCESSFUL TRANSITION:</b>
	Arrangements have been made for a safe, stable, affordable home for the youth to live in for at least 6 months following discharge.
	*** The youth has completed a housing assistance application and submitted it. Housing Authority: (701) _____ - _____
	*** The youth has been made aware of local resources to assist with rent, if needed. Salvation Army: (701) _____ - _____ Chafee Independent Living Coordinator: (701) _____ - _____
	Youth has been given a copy of the "Landlord and Tenant Rights in North Dakota" booklet.
	The Youth is aware of resources available if they become homeless: Shelter: (701) _____ - _____
<b>NATIVE AMERICAN YOUTH</b>	<b>THE FOLLOWING ITEMS PERTAIN TO THE NEEDS OF A NATIVE AMERICAN YOUTH TRANSITIONING TO INDEPENDENCE FROM THE FOSTER CARE SYSTEM:</b>
	The youth has been enrolled in the Tribe and has all necessary Tribal contact numbers.
	The youth has a Tribal Certificate with their enrollment number on it.
	The youth has a Tribal enrollment card.
	The youth has a Certificate of Degree of Indian Blood (CDIB).
	The youth has the contact number for the Higher Education Office of his/her tribe.

**This checklist was completed in partnership by:**

\_\_\_\_\_  
Youth Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
County Case Manager

\_\_\_\_\_  
Date

\_\_\_\_\_  
Chafee Independent Living Coordinator

\_\_\_\_\_  
Date

*By signing the youth is acknowledging they have had input on their discharge planning and have received a final copy of this document along with all documents listed above (i.e. birth certificate, SS card, etc) and the youth understands they are responsible for keeping this and all documents in a safe place.*